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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40085

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5068

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3412 SOUTH BENTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 62 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3412 SOUTH BENTON
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. CHRISTINA BARBARA FELDMEYER

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. Louis FELDMEYER

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased SEPTEMBER (Month) 3 (Day) 1863 (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name UNKNOWN REBER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name BARBARA DOLAR
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Alice Feldmeyer

(b) Address 3412 S. Benton

17. (a) Mt Moriah Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 10TH year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1910, 19.., to Dec 10, 1945 that I last saw her alive on Dec - 9th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral malation ass. c̄ arteriosclerosis + diabetes

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

61

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature John O. Skinner (M. D. ~~or other~~)

Address 1402 Bryant Bldg. Date signed 12/10/45

(Licensed Embalmer's Statement on Reverse Side)

1482 Bryant Bldg.
3-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elcar Whitney

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.